

BOL: 1/7/22

ACORD AUTOMOBILE LOSS NOTICE						DATE: MM/DD/YY
PRODUCER PHONE (A/C, No, Ext): MHA MEMBERS SERVICES DIVISION 12 GILL STREET, SUITE 5500 WOBBURN, MA 01888		COMPANY NAIC CODE: POLICY NUMBER		MISCELLANEOUS INFO (Site & location codes) REFERENCE NUMBER CAT#		
CODE: WOBURN, MA 01888 AGENCY SUB CODE: CUSTOMER ID:		EFFECTIVE DATE EXPIRATION DATE DATE OF ACCIDENT AND TIME		PREVIOUSLY REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO		
INSURED NAME AND ADDRESS SOC SEC #: Town of Andover Andover Town Offices 36 Bartlet Street Andover, MA 01810		CONTACT NAME AND ADDRESS CONTACT INSURED		WHERE TO CONTACT WHEN TO CONTACT		
RESIDENCE PHONE (A/C, No) BUSINESS PHONE (A/C, No, Ext)		RESIDENCE PHONE (A/C, No) BUSINESS PHONE (A/C, No, Ext)				
LOSS						
LOCATION OF ACCIDENT (Include city & state)				AUTHORITY CONTACTED:		VIOLATIONS/CITATIONS
DESCRIPTION OF ACCIDENT (Use separate sheet, if necessary)				REPORT #:		
POLICY INFORMATION						
BODILY INJURY: (Per Person)		BODILY INJURY (Per Accident)		PROPERTY DAMAGE		SINGLE LIMIT
MEDICAL PAYMENT		OTC DEDUCTIBLE		OTHER COVERAGE & DEDUCTIBLES (Utl, no-fault, towing, etc)		
LOSS PAYEE				COLLISION DED		
UMBRELLA/ EXCESS		UMBRELLA		EXCESS CARRIER:		LIMITS:
AGGR		PER		PER		
INSURED VEHICLE						
VEH # YEAR MAKE: MACK DUMP TRUCK BODY TYPE:		PLATE NUMBER STATE				
Hwy 9200 MODEL:		V.I.N.: 1M2GR26C7LM018606, M6383A				
OWNER'S NAME & ADDRESS Town of Andover		RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):		
DRIVER'S NAME & ADDRESS		RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):		
(Check if same as owner)		DATE OF BIRTH		DRIVER'S LICENSE NUMBER		STATE
RELATION TO INSURED (Employee, family, etc.)		PURPOSE OF USE		USED WITH PERMISSION?		
YES		NO		YES		
NO		YES		NO		
DESCRIBE DAMAGE		ESTIMATE AMOUNT		WHERE CAN VEHICLE BE SEEN?		WHEN CAN VEH BE SEEN?
OTHER INSURANCE ON VEHICLE						
PROPERTY DAMAGED Insured Vehicle						
DESCRIBE PROPERTY (If auto, year, make, model, plate #) 2622 MACK DUMP TRUCK		OTHER VEH/PROP INS?		COMPANY OR AGENCY NAME:		
OWNER'S NAME & ADDRESS Town of Andover Hwy #4, M8794A		YES		NO		
RESIDENCE PHONE (A/C, No):		POLICY #:		BUSINESS PHONE (A/C, No, Ext):		
OTHER DRIVER'S NAME & ADDRESS VIN # 1M2GR1AC9NM001615		RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):		
(Check if same as owner)		ESTIMATE AMOUNT		WHERE CAN DAMAGE BE SEEN?		
DESCRIBE DAMAGE						
INJURED						
NAME & ADDRESS		PHONE (A/C, No)		INS OTH PED VEH VEH AGE		EXTENT OF INJURY
WITNESSES OR PASSENGERS						
NAME & ADDRESS		PHONE (A/C, No)		INS OTH VEH VEH		OTHER (Specify)
REMARKS (Include adjuster assigned)						
REPORTED BY		REPORTED TO		SIGNATURE OF INSURED		SIGNATURE OF PRODUCER

Date of Crash **01/07/2022** Time of Crash **10:46** City/Town **Andover** **Motor Vehicle Crash Police Report** Number Vehicles **2** Number Injured **0** Speed Limit **30** State Police Local Police MBTA Police Other
 Latitude **42.659765** Longitude **71.136559**

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

Route# 11 Direction Foster Cir Name of Roadway/Street	Route# Direction Address # Name of Roadway/Street
At	Feet N S E W of _____ or _____ Mile Marker Exit Number
Route# 11 Direction Name of Intersecting Roadway/Street	315 Feet N S E W of _____ Mile Marker Exit Number
Also at Intersection with	Route# Whittier Street Intersecting Roadway/Street
Route# 11 Direction Whittier Street Name of Intersecting Roadway/Street	Feet N S E W of _____ Landmark

Please Select One of the Following: Vehicle 1 1 # Occupants Hit/Run Moped Crash Report ID# **22-000315**

License # S97621612 St MA DOB/Age 06-05-1990/31 Reg # M6383A Reg Type MVN Reg State MA	Veh Year 2020 Veh Make MACK Veh Config. 7 21
Sex M Lic. Class A Lic. Restrictions 20 CDL Endorsement	Owner Town of Andover
Operator FARNAN, Randy DAVID Last First Middle	Address 36 Bartlet St Highway #9 Last First Middle
Address 46 CORBETT RD APT 2	City Andover State MA Zip 01810
City LAWRENCE State MA Zip 01843	Insurance Company
Vehicle Travel Direction: N S E W Responding to Emergency? No	Vehicle Action Prior to Crash 2 22 Damaged Area Code: 7 27 27 27
Citation # (If Issued)	Event Sequence 1 23 23 23 23 Test Status: 1 28
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub	Most Harmful Event 1 24 Type of Test: 1 29
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	BAC Test Result: 1 30
	Driver Contributing Code 1 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32 2
	Driver Distracted by 0 26 Towed from scene? 2 33

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above		1	1	4	0	0	10	1	



Please Select One of the Following: Vehicle 2 1 # Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

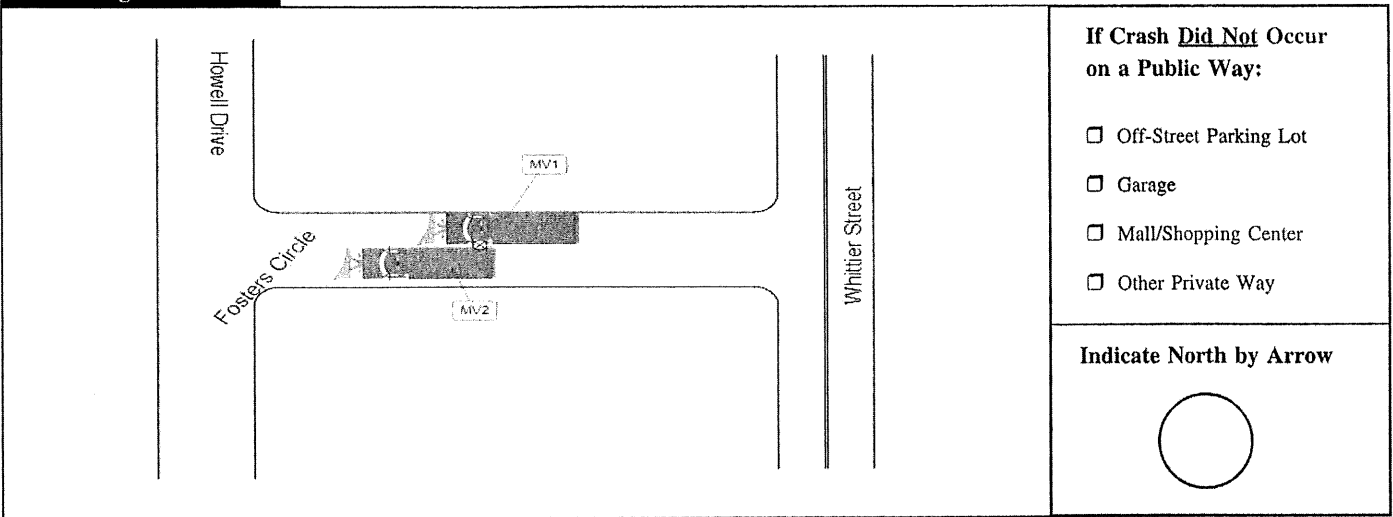
License # S55321477 St MA DOB/Age 11-08-1979/42 Reg # M8794A Reg Type MVN Reg State MA	Veh Year 2022 Veh Make MACK Veh Config. 7 21
Sex M Lic. Class B Lic. Restrictions 20 CDL Endorsement	Owner Town of Andover
Operator VALLAS, Charles D Last First Middle	Address 36 Bartlet St Highway #2 Last First Middle
Address 74 FOREST ST	City Andover State MA Zip 01810
City WILMINGTON State MA Zip 01887	Insurance Company
Vehicle Travel Direction: N S E W Responding to Emergency? No	Vehicle Action Prior to Crash 10 22 Damaged Area Code: 3 27 27 27
Citation # (If Issued)	Event Sequence 1 23 23 23 23 Test Status: 1 28
Viol. 1: Ch/Sec/Sub Viol. 2: Ch/Sec/Sub	Most Harmful Event 1 24 Type of Test: 1 29
Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	BAC Test Result: 1 30
	Driver Contributing Code 12 25 25 Susp. Alcohol: 2 31 Susp. Drug: 2 32
	Driver Distracted by 0 26 Towed from scene? 2 33

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above		1	1	4	0	0	10	1	

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ○ = Pedestrian ⚡ = Bicycle

Crash Diagram:

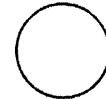
ie: → 1 → 2 → ○ → ⚡



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

MV1 (M6383A) was stopped on side of Fosters Circle facing East. MV2 (M8794A) was backing down Fosters Circle in a West direction. MV2 side swiped MV1. Damage estimated to be greater than \$1000.00

COPY

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name Town of Andover Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: 0000000 State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 3⁴³ Cargo Body Type Code 8⁴⁴ GVWR/GCWR 3⁴⁵

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 2⁴⁷ Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Goodale, Matthew T
Police Officer Name (Please Print)

Signature

MGoo
ID/Badge #

Andover Police Department
Department

Precinct/Barracks

01/07/2022
Date